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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles
residents through direct services
at DHS facilities and through
collaboration with community and
university partners.*



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February 08, 2011

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at County facilities. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, of the following individual accounts:

- (1) Account Number LAC+USC MC – Various \$ 3,588
- (2) Account Number LAC+USC MC – Various \$ 4,124
- (3) Account Number LAC+USC MC – 10288517 \$ 4,700
- (4) Account Number LAC+USC MC – 0384767 \$ 5,000
- (5) Account Number LAC+USC MC – Various \$ 8,107

Total All Accounts: \$ 25,519

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The compromise offers of settlement for patient accounts (1) - (5) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately \$25,519.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts.

The Honorable Board of Supervisors

2/8/2011

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.

Director

MHK:lg

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: FEBRUARY 8, 2011

Total Gross Charges	\$43,922	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$43,922	Date of Service	Various
Compromise Amount Offered	\$3,587.67	% Of Charges	8 %
Amount to be Written Off	\$40,334.33	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$43,922 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$10,763 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$3,587.66	\$3,587.66	33 %
Lawyer's Cost	\$200	\$200	2 %
LAC+USC Medical Center	\$43,922	\$3,587.67	33 %
Other Lien Holders	-	-	-
Patient	-	\$3,387.67	32 %
Total	-	\$10,763	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: FEBRUARY 8, 2011

Total Gross Charges	\$25,426	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$25,426	Date of Service	Various
Compromise Amount Offered	\$4,124.06	% Of Charges	16 %
Amount to be Written Off	\$21,301.94	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$25,426 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$6,000	\$3,750	25 %
Lawyer's Cost	\$1,771.41	\$1,771.41	12 %
LAC+USC Medical Center	\$25,426	\$4,124.06	27 %
Other Lien Holders	-	-	-
Patient	-	\$5,354.53	36 %
Total	-	\$15,000	100 %

* The attorney agreed to reduce his fees from \$6,000 (40%) to \$3,750 (25%) so that the patient can receive a larger portion of the settlement.

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: FEBRUARY 8, 2011

Total Gross Charges	\$30,410	Account Number	10288517
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$30,410	Date of Service	5/20/10 – 5/25/10
Compromise Amount Offered	\$4,700	% Of Charges	15 %
Amount to be Written Off	\$25,710	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$30,410 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$600	\$600	4 %
LAC+USC Medical Center *	\$30,410	\$4,700	31 %
Other Lien Holders *	\$1,200	\$1,200	8 %
Patient	-	\$3,500	24 %
Total	-	\$15,000	100 %

* Lien holders are receiving 39% of the settlement (31% to LAC+USC Medical Center and 8% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: FEBRUARY 8, 2011

Total Gross Charges	\$24,328	Account Number	0384767
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$24,328	Date of Service	12/22/09 – 12/26/09
Compromise Amount Offered	\$5,000	% Of Charges	21 %
Amount to be Written Off	\$19,328	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$24,328 for medical services rendered. The patient is a General Relief (GR) recipient and no other coverage was found. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$4,900	\$4,900	33 %
Lawyer's Cost	\$200	\$200	1 %
LAC+USC Medical Center	\$24,328	\$5,000	33 %
Other Lien Holders	-	-	-
Patient	-	\$4,900	33 %
Total	-	\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5
DATE: FEBRUARY 8, 2011

Total Gross Charges	\$38,334	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$38,334	Date of Service	Various
Compromise Amount Offered	\$8,107.07	% Of Charges	21 %
Amount to be Written Off	\$30,226.93	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$38,334 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$25,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$8,333.34	\$8,333.34	33 %
Lawyer's Cost	\$450.87	\$450.87	2 %
H-UCLA Medical Center *	\$38,334	\$8,107.07	33 %
Other Lien Holders *	\$15,879.59	\$2,541.14	10 %
Patient	-	\$5,567.58	22 %
Total	-	\$25,000	100 %

* Lien holders are receiving 43% of the settlement (33% to H-UCLA Medical Center and 10% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.